

ART 34 amended CLMS

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/581419

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		2				
7		1				
8		1				
9		1				
10		1				
11		3				
12		3				
13		3				
14		3				
15		2				
16		4				
17		2				
18		2				
19		2				
20		2				
21		2				
22		2				
23		2				
24		1				
25		1				
26		1				
27		1				
28		3				
29		3				
30		2				
31	1	2				
32		1				
33		1				
34		1				
35		1				
36		2				
37		1				
38		1				
39		1				
40		1				
41		3				
42		3				
43		3				
44		3				
45		2				
46		2				
47		4				
48		2				
49		2				
50						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		2				
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60		2				
61	1					
62	1					
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95						
96						
97						
98						
99						
100						
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						